

KINSHIP CARE APPLICATION DENIAL REPORT

Use of this form: Completion of this form is required by the State/County/Tribal contract. The State of Wisconsin is required by 45 CFR Parts 270-275 to report to the Federal Administration for Children and Families (ACF) on all use of Temporary Assistance to Needy Families (TANF) funds. Temporary Assistance to Needy Families funds are currently used to fund payments for children in Kinship Care; therefore, Kinship Care data must be reported to the ACF. All information will be used only for federal reporting and Departmental decision making. Any personally identifiable information is considered confidential and will be used only to match with other agencies to help assure that federal reporting does not include any duplication of data.

Instructions: This form must be completed by those county and tribal agencies which report Kinship Care data using the CFS-2100 and CFS-2100A forms or an approved alternative paper form. County and tribal agencies reporting electronically are not required to use this form.

Name - Person Completing This Form - Optional		Date Form Completed
1. Name - County or Tribe		
2. Date Agency Received Application	3. Date Agency Denied Application	
4. Name - Applicant (Last, First, MI)		5. Birthdate - Applicant (mm / dd / yyyy)
6. Ethnicity - Applicant Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Race - Applicant - Check up to 3. <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> White</div><div><input type="checkbox"/> Asian</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Black or African-American</div><div><input type="checkbox"/> Native Hawaiian or other Pacific Islander</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> American Indian or Alaska Native</div><div><input type="checkbox"/> Other</div></div>	
8. Rationale for Denial - Check all that apply. <div style="display: flex; flex-wrap: wrap;"><div style="width: 33%;"><input type="checkbox"/> No need for living arrangement</div><div style="width: 33%;"><input type="checkbox"/> Child does not live with caregiver</div><div style="width: 33%;"><input type="checkbox"/> Other household member failed criminal background check</div><div style="width: 33%;"><input type="checkbox"/> Not in child's best interest</div><div style="width: 33%;"><input type="checkbox"/> Child is age 18 or over</div><div style="width: 33%;"><input type="checkbox"/> 10 Child's parent(s) living with child</div><div style="width: 33%;"><input type="checkbox"/> No probability for court jurisdiction</div><div style="width: 33%;"><input type="checkbox"/> Child is receiving SSI</div><div style="width: 33%;"><input type="checkbox"/> 99 Other - Check only if none of the others are appropriate.</div><div style="width: 33%;"><input type="checkbox"/> Relative caregiver refused to cooperate with agency</div><div style="width: 33%;"><input type="checkbox"/> Caregiver failed criminal background check</div></div>		
9. Has the applicant been notified of his or her right to request a review of or to appeal the denial and of the process for requesting such a review or appeal? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If more than 1 child, complete items 10-14 on additional form(s) and staple to this form.		
10. Name - Child (Last, First, MI)		11. Birthdate - Child (mm / dd / yyyy)
12. Child's Relationship to Applicant <div style="display: flex; flex-wrap: wrap;"><div style="width: 33%;"><input type="checkbox"/> Brother / Sister</div><div style="width: 33%;"><input type="checkbox"/> Stepbrother / Stepsister</div><div style="width: 33%;"><input type="checkbox"/> Stepchild</div><div style="width: 33%;"><input type="checkbox"/> First Cousin</div><div style="width: 33%;"><input type="checkbox"/> Grandchild</div><div style="width: 33%;"><input type="checkbox"/> Great-Grandchild</div><div style="width: 33%;"><input type="checkbox"/> Great-Great-Grandchild</div><div style="width: 33%;"><input type="checkbox"/> Step-Grandchild</div><div style="width: 33%;"><input type="checkbox"/> Aunt / Uncle</div><div style="width: 33%;"><input type="checkbox"/> Nephew / Niece</div><div style="width: 33%;"><input type="checkbox"/> Great Nephew / Niece</div><div style="width: 33%;"><input type="checkbox"/> Great-Great-Nephew / Niece</div><div style="width: 33%;"><input type="checkbox"/> Other</div></div>		
13. Ethnicity - Applicant Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	14. Race - Applicant - Check up to 3. <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> White</div><div><input type="checkbox"/> Asian</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Black or African-American</div><div><input type="checkbox"/> Native Hawaiian or other Pacific Islander</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> American Indian or Alaska Native</div><div><input type="checkbox"/> Other</div></div>	